

Greenwood County Parks & Recreation Department 2016 Girls Youth Volleyball Registration Form



DEADLINE TO REGISTER IS July 15TH!!!

Full Name (as listed on birth certificate): Date of Birth:/ Sex: (M or F) School District: Gwd "96" W.S Address: City, State, Zip: Jersey Size (circle): YS YM YL YXL AS AM AL AXL email address: Alternate email address: For (condition) Parent Information Mother's Name: For (condition) Parent Information Mother's Name: Home Phone: Work Phone: Mobile Phone: Work Phone: Mobile Phone:	Player(s) Information	
Address:	Full Name (as listed on birth certificate):	
Alternate email address:	Date of Birth:/ Sex: ((M or F) School District: Gwd "96" W.S
Medications:	Address:	City, State, Zip:
Parent Information Mother's Name: Father's Name: Home Phone: Work Phone: Wolle Phone:	Jersey Size (circle): YS YM YL YXL AS AM AL AXL email address:	
Mother's Name: Father's Name: Home Phone: Work Phone: Work Phone: Mobile Pho	Alternate email address:	
Mother's Name:	Medications:	For (condition)
Home Phone:		Parent Information
Work Phone:	Mother's Name:	Father's Name:
Mobile Phone: Mobile Phone: Mobile Phone: Waiver The undersigned Parent or Guardian hereby freely and knowingly waives and releases Greenwood County and its agents, employees, sponsors and organizers from any and every liability and responsibility whatsoever for personal injury, property damage or other loss sustained by the above named child as a result of or arising out of the child's participation in any activity conducted by the Greenwood County Parks & Recreation Department. We assume all risks and hazards incidental to the conduct of the activity. I/We the Parent or Guardian grant permission to Managing and/or Coaching Personnel or other League Officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities sponsored by the Greenwood County Parks & Recreation Dept. when neither Parent/Guardian is available to grant authorization. Greenwood County Parks & Recreation Dept. does not provide Accident/Medical insurance for the participants of its activities. Signature of Parent/Guardian:	Home Phone:	Home Phone:
Mobile Phone: Mobile Phone: Mobile Phone: Waiver The undersigned Parent or Guardian hereby freely and knowingly waives and releases Greenwood County and its agents, employees, sponsors and organizers from any and every liability and responsibility whatsoever for personal injury, property damage or other loss sustained by the above named child as a result of or arising out of the child's participation in any activity conducted by the Greenwood County Parks & Recreation Department. We assume all risks and hazards incidental to the conduct of the activity. I/We the Parent or Guardian grant permission to Managing and/or Coaching Personnel or other League Officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities sponsored by the Greenwood County Parks & Recreation Dept. when neither Parent/Guardian is available to grant authorization. Greenwood County Parks & Recreation Dept. does not provide Accident/Medical insurance for the participants of its activities. Signature of Parent/Guardian:	Work Phone:	Work Phone:
The undersigned Parent or Guardian hereby freely and knowingly waives and releases Greenwood County and its agents, employees, sponsors and organizers from any and every liability and responsibility whatsoever for personal injury, property damage or other loss sustained by the above named child as a result of or arising out of the child's participation in any activity conducted by the Greenwood County Parks & Recreation Department. We assume all risks and hazards incidental to the conduct of the activity. I/We the Parent or Guardian grant permission to Managing and/or Coaching Personnel or other League Officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities sponsored by the Greenwood County Parks & Recreation Dept. when neither Parent/Guardian is available to grant authorization. Greenwood County Parks & Recreation Dept. does not provide Accident/Medical insurance for the participants of its activities. Signature of Parent/Guardian:	Mobile Phone:	Mobile Phone:
Notes: DIVISION/AGE:	employees, sponsors and organizers from any a or other loss sustained by the above named chi the Greenwood County Parks & Recreation Dep I/We the Parent or Guardian grant permission obtain medical care and treatment from an necessary by a duly licensed physician shou Greenwood County Parks & Recreation Dept. w Parks & Recreation Dept. does not	by freely and knowingly waives and releases Greenwood County and its agents, and every liability and responsibility whatsoever for personal injury, property damage ild as a result of or arising out of the child's participation in any activity conducted by partment. We assume all risks and hazards incidental to the conduct of the activity. It to Managing and/or Coaching Personnel or other League Officials to authorize and by licensed physician, hospital or medical clinic, including major surgery, deemed lid the child become ill or injured while participating in activities sponsored by the when neither Parent/Guardian is available to grant authorization. Greenwood County is provide Accident/Medical insurance for the participants of its activities.
TEAM: COACH: REGISTRATION TAKEN BY:	Notes:	
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